

Dysphagia: When Swallowing Becomes a Challenge

Swallowing is so routine and automatic that we seldom give it much thought. Every sip of water, bite of food, or swallow of saliva is a small marvel of coordination between muscles, nerves, and structures in the body. However, for millions of people, this seemingly simple act can turn into a source of anxiety and discomfort. Dysphagia, or difficulty swallowing, is a condition that can affect anyone at any age, although it is more common in older adults. It's a problem that disrupts the physical act of eating and the joy and social connection of sharing meals.

What Is Dysphagia?

Dysphagia is a medical term for difficulty swallowing. While most of us have experienced occasional difficulty swallowing, such as when food goes down the wrong way, persistent issues with swallowing may point to a more serious condition. Dysphagia can range from mild discomfort when eating certain foods to an inability to swallow liquids, food, or even saliva.



Swallowing itself is an intricate process that involves several muscles and nerves working in harmony to move food or liquid from the mouth, through the throat, and into the esophagus before it reaches the stomach. When any part of this process is disrupted, dysphagia can occur. Doctors often categorize dysphagia into three types based on where the issue originates. **Oral cavity dysphagia** occurs in the mouth and can result from problems like tongue weakness or difficulty chewing. **Oropharyngeal dysphagia** affects the throat, often due to neurological conditions or structural abnormalities. **Esophageal dysphagia** originates in the esophagus, where narrowing, blockages, or motility problems can make swallowing difficult or even painful.

What Causes Dysphagia?

The causes of dysphagia are as varied as the symptoms. For some, the issue begins with <u>neurological conditions</u> such as strokes, Parkinson's disease, or multiple sclerosis. These disorders can impair the nerves and muscles in swallowing, disrupting the intricate timing and coordination required to run smoothly. For others, structural abnormalities such as esophageal

strictures, scar tissue from chronic acid reflux, or even tumors can narrow the esophagus, making it difficult for food to pass.

In some cases, dysphagia is caused by conditions that aren't immediately linked to swallowing. <u>Eosinophilic esophagitis</u>, for example, is a chronic allergic reaction in which specific white blood cells build up in the esophagus, leading to inflammation and difficulty swallowing. <u>Acid reflux</u>, a common condition where stomach acid flows back into the esophagus, can also lead to damage and scarring, contributing to swallowing challenges over time.

<u>Age</u> is another significant factor. As we age, the muscles involved in swallowing naturally weaken, and conditions like arthritis or dental issues can make chewing and swallowing harder. Medications such as certain antibiotics or painkillers can irritate the esophagus, further complicating matters.

Recognizing the Symptoms

The symptoms of dysphagia can vary widely, often depending on the underlying cause and the severity of the condition. Pain or discomfort when swallowing is a common complaint, as is the sensation that food gets stuck in the throat or chest. Some individuals may experience frequent coughing or choking while eating or drinking, which can be both frightening and physically taxing. Others might notice changes in their voice, such as hoarseness, or observe unexplained weight loss due to difficulty consuming enough food.

Regurgitation of food or liquids is another symptom that can be particularly distressing, especially when combined with frequent heartburn or the sensation of stomach acid backing up into the throat. While occasional symptoms might not raise immediate alarm, persistent difficulties should never be ignored. They can indicate more serious conditions, such as esophageal cancer, that require prompt medical attention.

How Dysphagia Is Diagnosed

Diagnosing dysphagia begins with a conversation between the patient and their healthcare provider. Understanding the patient's symptoms, <u>medical history</u>, and any recent changes in health can provide important clues about the condition's cause. From there, various tests may be used to pinpoint the exact nature of the problem.

One standard diagnostic tool is the <u>barium swallow study</u>, where the patient drinks a barium solution that allows doctors to observe the swallowing process through X-rays. This test can reveal structural abnormalities or issues with the timing and coordination of swallowing. Another widely used test is an <u>endoscopy</u>, where a thin, flexible tube with a camera is inserted into the esophagus to visualize the area and check for damage, strictures, or tumors.

<u>Esophageal manometry</u> is another tool that measures the pressure and coordination of muscle contractions in the esophagus during swallowing. For those with more complex swallowing issues, a <u>videofluoroscopic swallowing study</u> (sometimes called a modified barium swallow) may be conducted. This dynamic X-ray test provides a detailed look at how food and liquid travel

through the mouth and throat, highlighting any dysfunction in real-time. A radiologist often examines in conjunction with a speech pathologist, a specialist in swallowing disorders.

Treatment Options

The treatment of dysphagia depends on its underlying cause. For many, simple lifestyle changes can make a world of difference. Eating slowly, taking smaller bites, and drinking plenty of fluid with meals can reduce symptoms. Staying mindful of food textures and avoiding problematic foods, such as dry, crumbly, or sticky items, can also help.

In cases where acid reflux contributes to dysphagia, medications such as proton pump inhibitors (PPIs) can reduce stomach acid and give the esophagus time to heal. For individuals with eosinophilic esophagitis, anti-inflammatory drugs or dietary changes guided by an allergist may be recommended to reduce inflammation and identify triggers.

When structural problems like strictures are the cause, procedures like esophageal dilation can provide relief. (SEE BELOW). This involves using a balloon or dilator to gently stretch narrowed areas of the esophagus, improving its ability to transport food and liquids. For more severe conditions, such as esophageal tumors, treatment may involve surgery, radiation, or chemotherapy tailored to the patient's specific needs.

Speech therapy can play a crucial role in managing dysphagia, especially for those with neurological causes. Speech-language pathologists can teach patients exercises to strengthen swallowing muscles and strategies to compensate for lost function. This form of therapy is often compared to physical therapy for the muscles involved in swallowing.

Living with Dysphagia

Living with dysphagia requires patience, adaptability, and the support of a knowledgeable healthcare team. While the condition can be frustrating, many ways exist to manage symptoms and maintain a good quality of life. Working closely with specialists, including gastroenterologists, speech-language pathologists, and dietitians, can help individuals navigate their challenges and find solutions tailored to their needs.

Keeping a food diary to track which foods are easier or harder to swallow can be helpful. Pureeing foods, adding thickeners to liquids, and focusing on softer textures can make meals more enjoyable and less stressful. Whether from healthcare providers, family, or support groups, emotional support is also vital. As eating is a social activity, dysphagia can be isolating, but connecting with others who understand the condition can be empowering. If you or someone you love is experiencing persistent swallowing difficulties, don't wait to seek help. Early intervention can significantly improve outcomes and quality of life.

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